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Department of Health, Education, and Welfare

Health Care Financing Administration

Medicare and Medicaid Programs; Schedule of Limits on Skilled Nursing Facility Inpatient Routine Service Costs

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Health Care Financing Administration

Medicare and Medicaid Programs; Schedule of Limits on Skilled Nursing Facility Inpatient Routine Service Costs

AGENCY: Health Care Financing Administration (HCFA), HEW.

ACTION: Final notice.

SUMMARY: This notice sets forth an initial schedule of limits on the adjusted skilled nursing facility (SNF) inpatient routine service costs that may be reimbursed under the Medicare and Medicaid programs. The limits cover adjusted SNF inpatient routine service costs, and would apply to entire cost reporting periods beginning on or after October 1, 1979.

The limits do not apply to the costs of ancillary services or capital-related costs. This is the first schedule of limits we have established for SNFs. Revised schedules will be published on a periodic basis.

EFFECTIVE DATE: October 1, 1979.

FOR FURTHER INFORMATION CONTACT; Mr. Carl Slutter, (301) 594-9344.

SUPPLEMENTARY INFORMATION:

Background

Section 1861(v)(1) of the Social Security Act (42 U.S.C. 1395 (x)(v)(1) authorizes the Secretary to set prospective limits on provider costs reimbursed under Medicare. These limits are based on estimates of the costs necessary in the efficient delivery of needed health services and may be applied to the direct or indirect overall costs incurred for specific items or services furnished by a Medicare provider. Regulations implementing this authority are set forth at 42 CFR 405.460.

Under this authority, proposed limits on SNF inpatient general routine service costs were published in the **Federal Register** on May 18, 1979 (44 FR 29326). The schedule of limits set forth below includes several changes in the methodology contained in the proposed limits.

The schedule of limits provides for:

1. Limits on adjusted SNF inpatient routine service costs. Such costs do not include capital-related costs;

2. A wage index, developed from the hospital industry wages, to adjust the wage portion of the limits to reflect differing wage levels among the areas in which the SNFs are located;

3. A classification system based on whether a SNF is located within a Standard Metropolitan Statistical Area (SMSA) or a non-SMSA area, and on the basis of whether the SNF is hospital-based or free-standing. In the New England area, New England County Metropolitan Areas (NECMA) are used to determine urban location;

4. A market basket index developed from the costs of goods and services purchased by SNFs to account for the impact of changing wage and price levels on SNF costs. This index is used to adjust SNF cost data from the cost reporting periods represented in the data collection to the cost reporting period to which the limits apply. If the actual rate of increase in costs significantly exceeds the market basket estimate, an adjustment will be made;

5. A cost of living adjustment for Alaska and Hawaii, and

6. Limits set at 115% of the average per diem cost of the comparison group.

Discussion of Major Comments

1. *Use of a wage index in calculating cost limits.*—All commenters who addressed the issue favored the use of an index to adjust for geographic wage differentials. Most comments were critical of the use of the service industry as the basis for the wage index. They stated that the service industry classification was not representative of the occupation mix of SNF employees, and that it underestimated wage costs. The development of a wage index based on SNF or hospital costs was recommended.

The development of a SNF wage index was not feasible because data on SNF wages are not available for geographical areas smaller than a State. We believe that hospitals and SNFs generally compete in the same labor pool for employees, a view which was supported by several commenters. Therefore, we have decided to use a hospital wage index to adjust the wage portion of the SNF limits. We believe the use of the hospital index results in an adjustment for wage variations which is much more accurate and fairer to providers.

The hospital wage index, developed from data supplied by the Bureau of Labor Statistics, is used to adjust for area-wage differentials and is applied to the portion of the cost limit attributable to wages, as indicated in our market basket. The source data used are those for the "hospital group", a standard BLS reporting category. The hospital wage index is based on data for the year 1977, which is the latest available data. Data for 1978 will not be available until late in 1979.

The hospital wage index was developed by computing the national SMSA (or NECMA) average wage for the hospital group and dividing this average into the average hospital wage for each SMSA (or NECMA). The result is expressed as an index number, which is used to adjust the wage portion of the group limit. For non-SMSA areas, the index was developed by computing the national non-SMSA average wage for the hospital group and dividing this average into the average hospital wage for all non-SMSA counties in a State. The index then applies to all non-SMSA counties in a State.

Several commenters questioned the use of the market basket labor percentage (62.21%) in the wage adjustment of the limit. They pointed out that a provider whose actual percent of wages in routine cost varied significantly from the market basket figure could be adversely affected by the wage adjustment. We agree with this observation and have made the change in 42 CFR 405.460 (see 44 FR 31082, June 1, 1979). A SNF may, through application to its fiscal intermediary, obtain an adjustment to its limit if it can demonstrate that its actual labor percentage differs significantly from the market basket figure.

Commenters suggested that fringe benefits be included with wages and salaries in the percentage of the limit adjusted by the wage index. This suggestion was not adopted because the Bureau of Labor Statistics data used in developing the wage indexes is based on wages and salaries, and does not include fringe benefits. Further, over half of the fringe benefit costs in the market basket are employer contributions to FICA, a figure which is uniform in all parts of the country. Other comments suggested the use of an index to adjust non-wage costs. We considered this in the development of the proposed limits, and determined that the local area data necessary to develop such an index is not available. In the absence of data of comparable accuracy to that used for the wage index, no equitable adjustment of non-wage costs is possible.

2. *Use of separate limits for hospital-based and freestanding SNFs.*—Comments on this provision of the proposed limits were equally divided between those favoring and those opposing separate limits. Several commenters favoring separate limits submitted studies to support their contention that the hospital-based SNF provides a more intensive, and therefore more costly, level or routine care. These studies, while not covering a sufficient number of SNFs to allow a generalization about all providers, appear to support these provider's claims.

In the notice of proposed limits, we identified the methodology which hospitals use to allocate overhead to the

SNF as a source of part of the higher cost of the hospital-based SNF. None of the commenters questioned the potential of the allocation methodology as a source of part of the cost differential between hospital-based and freestanding SNFs.

Most commenters opposed to separate limits pointed out that all SNFs must meet the same standards as a condition for certification and, therefore, suggested there should not be differing cost limits. As we observed in the proposed notice, neither the methodology for allocating hospitals overhead costs to SNF care, nor the alleged provision of more intensive services seems to account for the entire amount of the differential. The data currently available is inadequate to allow us to establish the extent to which these two factors contribute to the higher cost of the hospital-based SNF. As information becomes available, refinements in the methodology will be made. Since this is the first set of SNF limits we have decided to establish separate limits for hospital-based and freestanding SNFs because a portion of the differential appears to be attributable to these two elements which are beyond the control of the hospital-based SNF. We will begin a study in the immediate future to examine the higher costs of hospital-based providers. The two areas which will be initially analyzed are:

1. The allocation methodology for overhead costs; and

2. Variations in intensity of care.

As additional elements which contributes to the cost differential are identified, they will be included in the study.

We anticipate that the results of the study will allow us to make significant refinements in subsequent limits.

We believe that the cost differentials arising from Medicare cost reporting requirements are the most easily quantifiable and will probably be the first adjustments made.

3. *Use of a SNF market basket.*—The proposed notice included the use of a market basket index based on goods and services purchased by hospitals, pending the development of an index based on SNF costs. Commenters on this issue preferred the use of the hospital index over the use of an index based on all long term care facilities. Most of these commenters also favored the development of a SNF Market Basket to more accurately reflect trends in the cost of goods and services used by SNFs.

We have now developed a market basket based on the goods and services used by SNFs. The final limits are based on reported costs adjusted for cost increases projected through the application of this SNF market basket index.

The market basket is comprised of the most commonly used categories of SNF routine service expenses. The categories we are using are primarily based on those which were used by the National Center for Health Statistics in its National Nursing Home Surveys.

The categories of expenses are then weighted according to the estimated proportion of SNF routine service costs attributable to each category. The weights for all major categories of SNF costs are based on the DHEW—National Center for Health Statistics' National Nursing Home Surveys for 1972 and 1976. These are the most current and comprehensive source of national data on the distribution of costs in SNFs. The second column of the table below specifies the weights used for each category.

The next step in developing the market basket index is to obtain historical and projected rates of increase in the resource prices for each category. The market basket index table, in the third and fourth columns, identifies the price variables used in this process and the source of the forecast for calendar years 1979 through 1981. The percentage increases developed from the SNF Market Basket have resulted in an increase in the amounts of the proposed limits published on May 18.

In the proposed notice we requested comments on whether and how to make adjustments to the limits if our forecasts of economic trends prove erroneous. All commenters who addressed this issue favored some method of retroactive adjustment of the limits in the event SNF costs increase at a higher rate than our projection. We agree and have added a provision to the limits to assure this. If the actual rate of increase in costs exceeds our estimate by more than ¼ of one percent, the limits will be adjusted to reflect the actual rate of the increase.

Derivation of "Market Basket" Index for SNF Routine Service Costs

Cost category	Routine[1] weight 1978	Forecaster 1979–81	"Price" variable used
Payroll expenses (wages and salaries).	62.21		A. Internal Historical Proxy. For the period through CY 1978: Average hourly wage, nursing and personal care homes. Source: Bureau of Labor Statistics, Employment and Earnings.
		DHEW	B. Internal Forecasted Proxy. For the period CY 1979 and thereafter: Average hourly wage, nursing and personal care homes. Source: Bureau of Labor Statistics, Employment and Earnings.
Employee benefits	7.94		A. Internal Historical Proxy. For the period through CY 1978: Employee benefits per fulltime equivalent worker employed by community hospitals. Source: 1976–1978, American Hospital Association, National Hospital Panel Survey, see mid-month issues of Hospitals. Prior to 1976, American Hospital Association, Hospital Statistics, Annual Survey, Chicago, Illinois.
		DRI-MM[2]	B. External Forecasted Proxy. For the period CY 1979 and thereafter: Supplements to wages and salaries per worker in nonagricultural establishments. Sources: For supplements to wages and salaries—U.S. Department of Commerce, Bureau of Economic Analysis, Survey of Current Business, (monthly) table 7 (1.13). July issue has detailed components. For total employment—U.S. Dept. of Labor, Bureau of Labor Statistics, Employment and Earnings, (monthly) table B–4.
Food: (1) Consumer price index	4.82	DRI-MM	Food and beverages component of Consumer Price Index, all urban. Source: U.S. Dept. of Labor, Bureau of Labor Statistics, Monthly Labor Review, table 22.
Food: (2) Wholesale price index	4.82	DRI-MM	Processed foods and feeds component of producer price index. Source: U.S. Dept. of Labor, Bureau of Labor Statistics, Monthly Labor Review, table 26.
Drugs	1.43	DRI-CFS[3]	Pharmaceutical preparations, ethical component of producer price index. Source: U.S. Dept. of Labor, Bureau of Labor Statistics, Producer Prices and Price Indexes, (monthly), table 6.
Supplies	3.23	DRI-MM	All Item Consumer Price Index, all urban. Source: U.S. Dept. of Labor, Bureau of Labor Statistics, Monthly Labor Review, table 22.
Health services	1.22	DRI-CFS	Physician services component of Consumer Price Index for all urban consumers. Source: U.S. Dept. of Labor, Bureau of Labor Statistics, Monthly Labor Review, (monthly), table 23.
Other business service	4.57	DRI-MM	Services component of Consumer Price Index, all urban. Source: U.S. Dept. of Labor, Bureau of Labor Statistics, Monthly Labor Review, table 23.

Derivation of "Market Basket" Index for SNF Routine Service Costs—Continued

Cost category	Routine[1] weight 1978	Forecaster 1979–81	"Price" variable used
Fuel and other utilities	1.63	DRI–MM	Implicit price deflator—consumption of fuel oil and coal (derived from fuel oil component of consumer price index). Source: U.S. Dept. of Commerce, Bureau of Economic Analysis, Survey of Current Business, (monthly) table 26(7.111).
Electricity	1.17	DRI–MM	Implicit price deflator—consumer of electricity (derived from electricity component of Consumer Price Index). Source: U.S. Dept. of Commerce, Bureau of Economic Analysis. Unpublished data provided to DRI by the Bureau of Economic Analysis, Historical time-series data are available from the Health Care Financing Administration.
Natural gas	.93	DRI–MM	Implicit price deflator for natural gas (derived from utility (piped) gas component of Consumer Price Index). Source: Same as electricity, above.
Water and sanitary services	.52	DRI–CFS	Water and sewerage maintenance component of Consumer Price Index. Source: U.S. Dept. of Labor, Bureau of Labor Statistics, Monthly Labor Review, table 23.
Liability insurance premiums	.80	HEW, Health Care Financing Administration.	Hospital malpractice insurance premium data obtained from the American Hospital Association for the period 1967–78.
Miscellaneous	4.71	DRI–MM	All Item Consumer Price Index, All Urban Source: U.S. Department of Labor, Bureau of Labor Statistics, Monthly Labor Review, table 23.

[1] Weights for all major categories of skilled nursing home costs were obtained from the DHEW-National Center for Health Statistics (NCHS) National Nursing Home Surveys (NNHS) for 1972 and 1976 for homes certified for participation in the Medicare Program. See Nursing Home Costs 1972, United States: National Nursing Home Survey August 1973-April 1974, DHEW, NCHS; An Overview of Nursing Home Characteristics: Provisional Data from the 1977 National Nursing Home Survey, Advance Notice Number 35, September 6, 1978, DHEW-NCHS.

Weights for some subcategories not available from the NNHS were obtained from other sources.

x Skilled nursing facilities sometimes purchase food at an intermediate stage of distribution. Thus both consumer and producer price indexes are used to approximate changes in the prices paid. The food and beverages component of the consumer price index and the processed foods and feeds component of the producer price index are given equal weight.

x The total weight for utilities was obtained from the NNHS. However, it was assumed that the distribution of weights within each sub-category of utility expense was the same as for hospitals in 1972.

x The total weight for insurance was obtained from the NNHS. The relative weight of liability and other insurance was estimated from a 1976 study of Texas nursing home costs by Texas Department of Human Resources.

[2] DRI-MM refers to Data Resources, Inc., Macro Model, 29 Hartwell Avenue, Lexington, Massachusetts 02173.

[3] DRI-CFS refers to Data Resources, Inc., Cost Forecasting Service, 1750 K Street, NW., Washington, D.C. 20006.

4. *Use of adjusted SNF routine service costs.*—Several commenters questioned the inclusion of the inpatient routine nursing salary differential in costs subject to the limits. It was recommended that the routine cost limit exclude the nursing salary differential. The purpose of the salary differential is to recognize the above-average cost of routine care furnished to aged patients. The amount of the differential is added to routine service costs. The reported costs which were used to establish the limits were the Reimbursable General Inpatient Routine Service Cost. This cost *includes* the inpatient routine nursing salary differential. The limits, therefore, include the differential, and there is no reason to exclude it from costs subject to the limit.

Numerous comments were received concerning the capital-related costs which are not considered in the development of the limits. Several comments expressed a need for an expanded definition of the fixed asset related costs included in depreciation. These commenters felt that the differences in the method of reporting costs between the two official cost report forms implied a different definition of capital-related costs. To clarify, the different methodologies in the two reports are differences in reporting. The definition of allowable costs is contained in 42 CFR 405.402 and in the Provider Reimbursement Manual (HIM–15) and is consistent regardless of the form used for reporting costs.

Briefly, capital-related costs are defined as interest, depreciation, insurance, rent and fixed asset related costs which are normally reported in the depreciation accounts for Medicare reimbursement purposes. When computing its general routine operating costs for comparison with its applicable cost limit a SNF will remove that portion of the capital related cost that is allocated to the routine service cost center, both directly and indirectly.

Other comments on this area concerned the identification of all capital-related costs. In establishing the limits, we removed directly allocated capital-related costs from reported routine service costs. These commenters were of the opinion that both directly and indirectly allocated capital-related costs should be excluded from a provider's routine service costs. We agree and we are presently developing supplemental cost reporting forms which will permit an SNF to compute the total capital-related costs allocated to the general routine service cost center.

5. *Establishment of the limits.*—Several comments were received which questioned the method used to establish the limits. In developing the limits on SNF routine service costs, we originally considered using a percentile such as has been used for hospitals in prior years and was proposed for use with SNFs in 1976. The major disadvantage of a percentile limit is that it automatically assumes that a certain percentage of providers have excessive costs due to inefficient operation.

With the exclusion of capital-related costs, and the establishment of a classification system which further reduced cost variations between providers, the resultant homogeneity of costs in each of providers presented a strong argument for the use of a measure of central tendency in establishing the limits. We believe the use of a limit based on the average to be superior to a percentile limit. The average is a good measure of the cost incurred in the efficient delivery of services by peer providers. The addition of 15% to the average, which results in limits set at a very liberal level, accommodates those cost variations which occur due to variables not accounted for by the classification system.

The result is a system which encourages providers with high costs to bring their expenditures into line with their more efficient peers. Since these are the first limits we have established for SNFs, the methodology used does not account for every conceivable variable which could affect SNF costs. As we gain information and experience, the methodology will be refined.

6. *Cost of Living Adjustments—Alaska and Hawaii.* Comments were received that the proposed notice did not contain an adjustment to the schedule of limits for SNFs located in the States of Alaska and Hawaii. All previous schedules of hospital cost limits have contained such a provision. A review of the impact of the limits on these States has convinced us that these limits should accommodate their significantly higher cost. Therefore, this notice provides for adjustments to be applied to the limits for the States of Alaska and Hawaii.

7. *Exceptions, Exemptions and Classification Adjustments.* As was noted in the proposed notice, the provisions of 42 CFR 405.460 providing that exceptions, exemptions and classification adjustments may be made to the application of the limits, where certain required conditions are present, apply to SNFs as well as to hospitals.

Several commenters expressed a concern that our failure to exclude education costs prior to developing the limits meant that these costs were subject to the limit. A study which we conducted did not identify any significant educational costs in SNFs. Where an SNF has such costs which contribute to its exceeding the cost limits, an exception is available under the provisions of 42 CFR 405.460(f)(4).

Concerns have also been raised about providers whose normal patient load requires significantly greater rehabilitation or other specialized services than other providers in the same group. Some commenters felt that these services, while ostensibly ancillary services, tend to result in increased routine service costs.

SNFs in this category may qualify for an exception to the limits under the provisions of § 405.460(f)(1) *Atypical services.* In applying for an exception under this section, a provider must demonstrate that his excess costs are due to the atypical nature and scope of items or services furnished. Further, these atypical items or services must be furnished because of the special needs of patients, and must be necessary for the *efficient* delivery of needed health care.

Providers are encouraged to familiarize themselves with the provisions of the regulation published at 44 FR 31802, June 1, 1979. Additional information may be obtained from the provider's intermediary.

8. *Other Changes.* We have made a number of clarifying editorial changes from the proposed notice.

Application of the Limits to State Medicaid Rates

Our regulations, at 42 CFR 447.315(c), require that any limits developed under § 405.460 be applied to payments for long-term care facility services under Medicaid regardless of whether the State uses a prospective or retrospective rate payment mechanism. In applying these limits to SNF and ICF (not ICF/MR) rates, State Medicaid agencies must make some or all of the following adjustments, as necessary:

1. The amount of the limit must be reduced to account for items of medical care and service which are considered part of routine service by Medicare such as drugs, but for which separate payment is made under the State's approved plan;

2. Facility rates must be adjusted to account for:

a. The cost of services covered as routine under the State plan, but not covered by Medicare, such as personal laundry; and

b. The cost of services covered as ancillary by Medicare, but which are considered routine services under the State's plan, such as therapy and laboratory services.

If, after all appropriate adjustments are made, a facility's rate is found to exceed the limit, the State agency must reduce the rate to the amount of the limit.

Methodology for Determining Per Diem Routine Service Cost Limit

1. *Data.* The limits have been determined by using actual SNF inpatient routine service cost data less capital-related costs. These data are obtained from the latest Medicare cost reports available as of January 31, 1979 and were then adjusted by means of the market basket index discussed above to project from the midpoint of the cost report period used in the data collection to the midpoint of the first cost reporting period to which the limits will apply. The percentage increases in the market basket over the previous year used for this projection are:

1976	8.0
1977	7.3
1978	9.2
1979	10.3
1980	8.7
1981	8.5

For future periods the projected rate of increase in the market basket index will be adjusted to the actual rate of increase if the actual rate is more than ¼ of 1 percentage point above the estimated rate. The actual rate of increase will be published in the **Federal Register** and will be used to adjust a SNF's cost limit at time of final settlement.

2. *Group Basic Limit.* A basic limit was calculated for each group established in accordance with SNF's urban/nonurban location and type (hospital-based/free-standing). This limit, which is 115% of the average per diem cost of the comparison group, was obtained by averaging the adjusted routine service costs of all SNFs in the group and determining 115% of the average per diem cost.

3. *Adjusted Limit.* The basic limit is divided into its wage and nonwage components on the basis of the Routine Cost Weight for wages and salaries using the proportion from the Market Basket Index—62.21%. The wage component of the basic limit is adjusted using a wage index developed from wage levels for hospital industry workers in the areas in which the SNFs are located. The adjusted limit which will apply to any SNF will be the sum of the nonwage component of the basic limit, plus the adjusted wage component.

Example—Calculation of Adjusted Limit for a Freestanding SNF—Miami, Florida

Limit from schedule	48.39
Labor portion	30.10
Non-labor portion	18.29
SMSA wage index	1.085422

Computation of adjusted limit:
$30.10×1.085422 (wage index)=$32.67 adjusted labor portion. $32.67+18.29=$50.96 adjusted limit for the facility type group.

The wage indices for each SMSA/NECMA and for the non-SMSA areas of each State are published in Table III.

5. *Adjustment for Cost Reporting Year.* If a SNF has a cost reporting period beginning on or after November 1, 1979, the published limit will be revised upward by a factor for each elapsed month between the midpoint of the period beginning October 1, 1979 (i.e., March 31, 1980) and the midpoint of the SNF's cost reporting period. This factor is derived by dividing the projected increase in the appropriate market basket index by 12 and is used to account for inflation in costs which will occur after the date on which the limits become effective.

If the SNF cost reporting period begins	Then the adjustment factor is
November 1979	1.00725
December 1979	1.01450
January 1980	1.02175
February 1980	1.02900
March 1980	1.03625
April 1980	1.04350
May 1980	1.05075
June 1980	1.05800
July 1980	1.06525
August 1980	1.07233
September 1980	1.07942

Example—SNF A's cost reporting period begins January 1, 1980.

Basic Group Limit—$48.39, plus adjustment for 3 month period (October-December 1979) 1.02175×$48.39=$49.44.

The revised basic group limit applicable to SNF A for the cost reporting period beginning January 1, 1980, is $49.44.

This basic group limit will be divided into its labor and nonlabor portions, as provided in Tables I and II, and the labor portion will be adjusted by use of the wage index. The sum of the adjusted labor portion plus the nonlabor portion will be the SNF's adjusted per diem routine operating cost limit.

Projections are computed from the midpoint of a cost reporting period and the factor is based on an assumed 12 month reporting period. If a SNF uses a cost report period of less than 12 months duration, a special calculation of the adjustment factor must be made. The SNF's intermediary will obtain this adjustment factor from HCFA.

Schedule of Limits

Under the authority of section 1861(v) of the Social Security Act, the following group per diem limits apply to the adjusted SNF inpatient routine service cost (including the inpatient routine nursing salary differential) for cost reporting periods beginning on and after October 1, 1979. The adjusted limits (using the wage index published in Table III) will be computed by the fiscal intermediaries and each SNF will be notified of its applicable limit.

Table I.—*Group Limits for Hospital-Based SNFs* [1]

Location	Group limit	Labor portion (62.21%)	Nonlabor portion
SMSA	$90.48	$56.29	$34.19
Non-SMSA	$66.48	$41.36	$25.12

Table II.—*Group Limits for Freestanding SNFs* [1]

Location	Group limit	Labor portion (62.21%)	Nonlabor portion
SMSA	$48.39	$30.10	$18.29
Non-SMSA	$39.39	$24.50	$14.89

[1] Limits for SNFs located in States of Alaska and Hawaii will be increased by the following cost-of-living adjustments:

	Percent
Alaska	25
Hawaii (Island)	
Oahu	15
Kauai	17.5
Molokai	15
Mau and Lanai	12.5
Hawaii	15

Table III A—*Wage Index for urban areas*

SMSA area	Wage index
Abilene, TX	.7817864
Akron, OH	.9009922
Albany, GA	.6888152
Albany-Schenectady-Troy, NY	.9564138
Albuquerque, NM	1.0024912
Alexandria, LA	.8846018
Allentown-Bethleham-Easton, PA-NJ	.9676768
Altoona, PA	1.0162619
Amarillo, TX	.9160869
Anaheim-Santa Ana-Garden Grove, CA	1.0459080
Anchorage, AK	1.3802678
Anderson, IN	.8253111
Ann Harbor, MI	1.1310564
Anniston, AL	.6573296
Appleton-Oshkosh, WI	.8826942
Asheville, NC	1.0053936
Atlanta, GA	.9610832
Atlantic City, NJ	.8647122
Augusta, GA-SC	.9818104
Austin, TX	.8146060
Bakersfield, CA	.9299136
Baltimore, MD	1.0411706
Baton Rouge, LA	.7507689
Battle Creek, MI	1.1068553
Bay City, MI	.8832990
Beaumont-Port Arthur-Orange, TX	.7751797

Table III A—*Wage Index for urban areas*—Continued

SMSA area	Wage index
Billings, MT	.7925247
Biloxi-Gulfport, MS	1.0729591
Binghamton, NY-PA	.9250013
Birmingham, AL	.8999575
Bloomington, IN	.8545872
Bloomington-Normal, IL	.8614273
Boise City, ID	.9617917
Boston-Lowell-Brockton-Lawrence-Haverhill, MA-NH	1.0383125
Bradenton, FL	.7840533
Bridgeport-Stamford-Norwalk-Danbury, CT	1.0174962
Brownsville-Harlingen-San Benito, TX	.7766896
Bryan-College Station, TX	.6780472
Buffalo, NY	.8785651
Burlington, NC	.7132341
Canton, OH	.8070206
Cedar Rapids, IA	.7879741
Champaign-Urbana-Rantoul, IL	.8275104
Charleston-North Charleston, SC	.9526042
Charleston, WV	.9867342
Charlotte-Gastonia, NC	.7968266
Chattanooga, TN-GA	.7933366
Chicago, IL	1.0802769
Cincinnati, OH-KY-IN	.9936312
Clarksville-Hopkinsville, TN-KY	.7707538
Cleveland, OH	1.0727585
Colorado Springs, CO	.8010228
Columbia, MO	1.1482990
Columbia, SC	.8929865
Columbus, GA-AL	.7559156
Columbus, OH	.9097972
Corpus Christi, TX	.7713051
Dallas-Fort Worth, TX	.8395097
Davenport-Rock Island-Maine, IA-IL	.7602528
Dayton, OH	1.0188927
Daytona Beach, FL	.9138623
Decatur, IL	.9320051
Denver-Boulder, CO	.9893444
Des Moines, IA	.9549639
Detroit, MI	1.0741969
Dubuque, IA	.7330132
Duluth-Superior, MN-WI	.7808646
Eau Claire, WI	.7479729
El Paso, TX	.8247960
Elmira, NY	.7894086
Erie, PA	.8756995
Eugene-Springfield, OR	.8379397
Evansville, IN-KY	.9039087
Fergo-Moorhead, ND-MN	.9334691
Fayetteville, NC	1.4407862
Fayetteville-Springdale, AR	.9143109
Flint, MI	1.0090565
Florence, AL	.7396290
Fort Collins, CO	.7120910
Fort Lauderdale-Hollywood, FL	1.0729465
Fort Myers-Cape Coral, FL	.8458896
Fort Smith, AR-OK	.7501032
Fort Wayne, IN	.8273668
Fresno, CA	.9922715
Gadsden, AL	.8372010
Gainesville, FL	1.0245569
Galveston-Texas City, TX	.8697117
Gary-Hammond-East Chicago, IN	1.0393875
Grand Forks, ND-MN	.7402307
Grand Rapids, MI	.8200939
Great Falls, MT	.8271435
Greeley, CO	.7550165
Green Bay, WI	.8074495
Greensboro-Winston-Salem-High Point, NC	.7804297
Greenville-Spartanburg, SC	.7774527
Hamilton-Middletown, OH	.9677146
Harrisburg, PA	.9395567
Harford-New Britain-Bristol, CT	1.0293896
Honolulu, HI	1.0521231
Houston, TX	.9066861
Huntington-Ashland, WV-KY-OH	.8121577
Huntsville, AL	.6648394
Indianapolis, IN	.9808246
Jackson, MI	.8855644
Jackson, MS	.8413921
Jacksonville, FL	.8922471
Janesville-Beloit, WI	.7369821
Jersey City, NJ	1.0024191
Johnson City-Kingsport, TN-VA	.8520487
Johnstown, PA	.8906999
Kalamazoo-Portage, MI	.9827004
Kankakee, IL	.9173186
Kansas City, MO-KS	.8746920
Kenosha, WI	.8646885
Killeen-Temple, TX	.9697617
Knoxville, TN	.7458802
Kokomo, IN	.8180744
La Crosse, WI	.7692549
Lafayette, LA	.7299344

Table III A—*Wage Index for urban areas*—Continued

SMSA area	Wage index
Lafayette-West Lafayette, IN	.8036818
Lake Charles, LA	.7122432
Lakeland-Winter Haven, FL	.7291346
Lancaster, PA	.8188873
Lansing-East Lansing, MI	.9398465
Laredo, TX	.6974902
Las Vegas, NV	1.0363198
Lawrence, KS	1.1054001
Lawton, OK	.6814294
Lewiston-Auburn, ME	.7724421
Lexington-Fayette, KY	.9239338
Lima, OH	.8451905
Lincoln, NE	.9063802
Little Rock-North Little Rock, AR	.9937774
Long Branch-Asbury Park, NJ	.9575276
Longview-Marshall, TX	.7113164
Lorain-Elyria, OH	.8584578
Los Angeles-Long Beach, CA	1.1037830
Louisville, KY-IN	.9069019
Lubbock, TX	.7230551
Lynchburg, VA	.7576805
Macon, GA	.8802635
Madison, WI	.9362551
Manchester-Nashua, NH	.7704519
Mansfield, OH	.7670934
McAllen-Pharr-Edinburg, TX	.5906622
Melbourne-Titusville-Cocoa, FL	.8192981
Memphis, TN-AR-MS	.8646840
Miami, FL	1.0854220
Midland, TX	.7111879
Milwaukee, WI	.9199721
Minneapolis-St. Paul, NM-WI	.7570047
Mobile, AL	.7915066
Modesto, CA	.8302491
Monroe, LA	.7499661
Montgomery, AL	.8241726
Muncie, IN	.7878266
Muskegon-North Shores-Muskegon Heights, MI	.8856485
Nashville-Davidson, TN	.9308903
Nassau-Suffolk, NY	1.1435511
New Bedford-Fall River, MA	.8609717
New Brunswick-Perth Amboy-Sayreville, NJ	.9529374
New Haven-Waterbury-Meriden, CT	1.0431054
New London-Norwich, CT	.9580296
New Orleans, LA	.9323589
New York, NY-NJ	1.2836483
Newark, NJ	1.15300874
Newport News-Hampton, VA	.9250905
Norfolk-Virginia Beach-Portsmouth, VA-NC	.8917366
Northeast Pennsylvania,	.9871651
Odessa, TX	.6942824
Oklahoma City, OK	.7853505
Omaha, NE-IA	.8508704
Orlando, FL	.7672632
Owensboro, KY	.6712032
Oxnard-Simi Valley-Ventura, CA	1.2991618
Panama City, FL	.7860455
Parkersburg-Marietta, WV-OH	.8482920
Pascagoula-Moss Point, MS	.8144002
Paterson-Clifton-Passaic, NJ	.9871591
Pensacola, FL	.8687345
Peoria, IL	.9603141
Petersburg-Colonial Heights-Hopewell, VA	.8604133
Philadelphia, PA-NJ	1.0427889
Phoenix, AZ	.9367511
Pine Bluff, AR	.6387947
Pittsburgh, PA	1.0037657
Pittsfield, MA	.9315021
Portland, ME	.8732662
Portland, OR-WA	1.0046502
Poughkeepsie, NY	1.0379910
Providence-Warwick-Pawtucket, RI	.9101288
Provo-Orem, UT	.6906648
Pueblo, CO	.9417969
Racine, WI	.8080810
Raleigh-Durham, NC	.9962759
Rapid City, SD	.9912066
Reading, PA	.8929759
Reno, NV	1.1936960
Richland-Kennewick-Pasco, WA	.8333314
Richmond, VA	.8557333
Riverside-San Bernadino-Ontario	.9922397
Roanoke, VA	.9616381
Rochester, NM	.8039937
Rochester, NY	1.0114625
Rockford, IL	.8863163
Sacramento, CA	1.0701363
Saginaw, MI	1.0305533
St. Cloud, MN	.7889363
St. Joseph, MO	.8106216
St. Louis, MO-IL	.8353947
Salem, OR	.9671521
Salinas-Seaside-Monterey, CA	1.0521816
Salt Lake City-Ogden, UT	.8003268

Table III A—*Wage Index for urban areas*—Continued

SMSA area	*Wage index*
San Angelo, TX	.7280581
San Antonio, TX	1.2015727
San Diego, CA	1.0423081
San Francisco-Oakland, CA	1.2261579
San Jose, CA	1.2318725
Santa Barbara-Santa Maria-Lompoc, CA	.9141919
Santa Cruz, CA	.9390376
Santa Rosa, CA	1.3319986
Sarasota, FL	.7794111
Savannah, GA	.7991026
Seattle-Everett, WA	.9114513
Sherman-Denison, TX	.6840456
Shreveport, LA	.9304503
Sioux City, IA-NE	.8158085
Sioux Falls, SD	.7752901
South Bend, IN	.8039176
Spokane, WA	.9596857
Springfield, IL	.8021688
Springfield, MO	.8428475
Springfield, OH	.8397949
Springfield-Chicopee-Holyoke, MA	.9118872
Stebenville-Weirton, OH-WV	.8687642
Stockton, CA	1.1694052
Syracuse, NY	1.0320677
Tacoma, WA	.9338239
Tallahassee, FL	.7936591
Tampa-St. Petersburg, FL	.9112976
Terre Haute, IN	.8133320
Texarkana, TX-Texarkana, AR	.9651876
Toledo, OH-MI	.9636379
Topeka, KS	1.0191180
Trenton, NJ	1.0181014
Tucson, AZ	.9815322
Tulsa, OK	.8065469
Tuscaloosa, AL	.9434434
Tyler, TX	.7888754
Utica-Rome, NY	.9483622
Vallejo-Fairfield-Napa, CA	1.3675897
Vineland-Millville-Bridgeton, NJ	.8849921
Waco, TX	1.0659982
Washington, DC-MD-VA	1.1430803
Waterloo-Cedar Falls, IA	.7296063
West Palm Beach-Boca Raton, FL	.8588761
Wheeling, WV-OH	.8278128
Wichita, KS	.9081149
Wichita Falls, TX	.7661439
Williamsport, PA	.8408558
Wilmington, DE-NJ-MD	1.0590599
Wilmington, NC	.6793208
Worcester-Fitchburg-Leominister, MA	.8941985
Yakima, WA	.7821286
York, PA	.8702993
Youngstown-Warren, OH	.9486057
Table III B—*Wage Index for rural areas*	
Alabama	1.0461294
Alaska	1.6354423
Arizona	1.1122143
Arkansas	.8273242
California	1.2993578
Colorado	1.0080249
Connecticut	1.1747087
Delaware	1.0342322
Florida	.9703395
Georgia	1.0599656
Hawaii	1.1225531
Idaho	.8969254
Illinois	.9286388
Indiana	1.0841407
Iowa	1.0275121
Kansas	.9487575
Kentucky	.8980309
Louisiana	.8812404
Maine	1.0173606
Maryland	1.0668544
Massachusetts	1.2069380
Michigan	1.1016350
Minnesota	.7643302
Mississippi	.8376849
Missouri	.9206227
Montana	.9939387
Nebraska	.8271144
Nevada	1.3182003
New Hampshire	1.0166505
New Jersey	1.1075845
New Mexico	.9872105
New York	1.0818880
North Caroline	1.0102951
North Dakota	.8934854
Ohio	.9990494
Oklahoma	.8099723
Oregon	1.0884072
Pennsylvania	1.1423726
Rhode Island	1.0525859

Table III A—*Wage Index for urban areas*—Continued

SMSA area	*Wage index*
South Carolina	.9095838
South Dakota	.7760311
Tennessee	.8322538
Texas	.9576274
Utah	.7477027
Vermont	1.0353552
Virginia	.9030129
Washington	1.0312944
West Virginia	1.0907991
Wisconsin	.8837830
Wyoming	1.0836848

(Sections 1102, 1814(b), 1861(v)(1), 1866(a), and 1871 of the Social Security Act; 42 U.S.C. 1302, 1395f(b), 1395x(v)(1), 1395cc(a), and 1395hh).

(Catolog of Federal Domestic Assistance Program No. 13.733, Medicare—Hospital Insurance.)

Dated: August 20, 1979.

Leonard D. Schaeffer,

Administrator, Health Care Financing Administration.

Approved August 27, 1979.

Patricia Roberts Harris,

Secretary.

[FR Doc. 79-27335 Filed 8-30-79; 8:45 am]

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Friday, August 31, 1979

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AGENCY PUBLICATION ON ASSIGNED DAYS OF THE WEEK

The following agencies have agreed to publish all documents on two assigned days of the week (Monday/Thursday or Tuesday/Friday).

This is a voluntary program. (See OFR NOTICE FR 32914, August 6, 1976.)

Monday	Tuesday	Wednesday	Thursday	Friday
DOT/SECRETARY*	USDA/ASCS		DOT/SECRETARY*	USDA/ASCS
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DOT/FAA	USDA/FNS		DOT/FAA	USDA/FNS
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DOT/FRA	USDA/REA		DOT/FRA	USDA/REA
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DOT/RSPA	LABOR		DOT/RSPA	LABOR
DOT/SLS	HEW/FDA		DOT/SLS	HEW/FDA
DOT/UMTA			DOT/UMTA	
CSA			CSA	

Documents normally scheduled for publication on a day that will be a Federal holiday will be published the next work day following the holiday.

Comments on this program are still invited. Comments should be submitted to the Day-of-the-Week Program Coordinator. Office of the Federal Register, National Archives and Records Service, General Services Administration, Washington, D.C. 20408

***NOTE: As of July 2, 1979, all agencies in the Department of Transportation, will publish on the Monday/Thursday schedule.**

REMINDERS

The items in this list were editorially compiled as an aid to **Federal Register** users. Inclusion or exclusion from this list has no legal significance. Since this list is intended as a reminder, it does not include effective dates that occur within 14 days of publication.

Rules Going Into Effect Today

AGRICULTURE DEPARTMENT

Commodity Credit Corporation—

45596 8–3–79 / Price support for 1979 crop sugarbeets and sugarcane; terms and conditions

CIVIL RIGHTS COMMISSION

45656 8–3–79 / California Advisory Committee, Los Angeles, Calif. (open), 8–31–79

FEDERAL COMMUNICATIONS COMMISSION

44158 7–27–79 / Beloit, Kans.; changes in FM table of assignments

44158 7–27–79 / Hadley, N.Y.; changes in FM table of assignments

44159 7–27–79 / Metropolis, Ill.; changes in FM table of assignments

44161 7–27–79 / Scottville, Mich.; changes in FM table of assignments

44161 7–27–79 / Dillingham, Alaska; changes in television table of assignments

FEDERAL HOME LOAN BANK BOARD

45116 8–1–79 / Mobile home loans; liberalization of lending requirements

INTERIOR DEPARTMENT

Fish and Wildlife Service—

43700 7–25–79 / Determination that sagittaria fasciculata is an endangered species

List of Public Laws

Note: No public bills which have become law were received by the Office of the Federal Register for inclusion in today's **List of Public Laws.**

Last Listing August 17, 1979

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WHEN: Sept. 7 and 21; Oct. 5 and 19; Nov. 2 and 16; (identical sessions)

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LONG ISLAND, NEW YORK

WHEN: Oct. 10 at 2 p.m.

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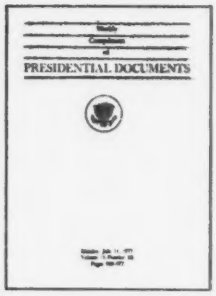

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